

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22244

## 1. PLACE OF DEATH

County Cedar Co.Registration District No. 164Township BeritonPrimary Registration District No. 5229City Jonesboro, Mo. (No. ....)File No. 84

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. 13299 Hubball St. 5 Ward. Detroit Mich.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Hazel Beatrice Bray  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>31</u>	<u>10</u>	<u>16</u>	

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman(b) General nature of industry, business, or establishment in which employed (or employer) Burgess(c) Name of employer Adding Machine Co.9. BIRTHPLACE (CITY OR TOWN) Arzola, Mo.  
(STATE OR COUNTRY)10. NAME OF FATHER John O Bray.11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas  
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Floa Longacre13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co. Mo.  
(STATE OR COUNTRY)14. SISTER INFORMANT Mrs Melva Mae Ates  
(Address) 313 E 3rd St Anceanda, Mo15. FILED 7-30-30 F. M. Davis  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-29 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gun shot (murder)  
(Inquest) 173  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 177  
(duration) ..... yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Brown  
7/29, 1930 (Address) 2000 S. Springs, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Moriah Cemetery, K.C. 8/1 1930

20. UNDERTAKER

ADDRESS

R. U. Lindsey & Sons, Kansas City, Mo

AUG 26 1930

1977-1978